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INFLUENZA SEASON:

WHAT IS INFLUENZA?

Influenza is a respiratory virus that causes seasonal flu each year during the winter months. It is characterized by fever, chills, body aches, headache, runny nose, cough and occasional diarrhea. It is primarily an infection of the respiratory tract (breathing tubes and lungs). In some persons, complications of influenza can be severe, which can include pneumonia and death.

HOW DO YOU GET INFLUENZA?

Influenza is spread from person to person primarily through "respiratory secretions," the same way other common respiratory infections spread. Adults can spread influenza virus one day before symptoms appear and up to five days after the onset of illness.

Respiratory secretions are virus-containing droplets (such as spit or mucous) that are spread when infected persons cough or sneeze. These droplets can then land on the surfaces of the mouth, nose, and throat of persons who are near (i.e., within 3 feet) the ill person. The virus may also be spread through contact with the infectious respiratory secretions on the hands of an infected person and other objects and surfaces.

SHOULD I WEAR A MASK FOR PROTECTION?

Masks are recommended for use in health care settings by ill persons and healthcare workers to prevent spread of infection. Masks are most useful when worn by the person with symptoms. At this time, masks are not recommended for use by well persons in the community. There is no guarantee that masks would prevent the spread of the infection in the population.

HOW DO YOU PREVENT INFLUENZA?

- Cover your mouth and nose with a tissue when coughing and sneezing. Dispose of tissue in the nearest waste receptacle.
- Wash your hands often with soap and water. The key is to wash thoroughly with warm water, and to wash frequently. When hand washing is not possible, use antiseptic hand gels that contain alcohol.
- Avoid close contact with ill persons and stay home when you are sick.
- Get a flu shot, if you can.

IF SOMEONE WITH THE FLU HAS TOUCHED A SURFACE, SHOULD I DISINFECT IT?

Yes, wipe down any surfaces that may have been contaminated by saliva or other respiratory secretions. However, since you may not know that the previous person had influenza, it is always better to make sure you wash your hands frequently.

Influenza viruses are known to survive on non-porous surfaces such as steel and plastic, for up to 24 to 48 hours after inoculation and from cloth, paper, and tissues for up to 8 to 12 hours. Viable virus can be transferred from non-porous surfaces to hands for 24 hours and from tissues to hands for 15 minutes.

Use a household disinfectant labeled for activity against bacteria and viruses, an EPA-registered hospital disinfectant, or mix and use $\frac{1}{4}$ cup chlorine bleach with 1 gallon of cool water.

WHY DOES IT SEEM LIKE WE HAVE A FLU VACCINE SHORTAGE EVERY YEAR?

Vaccine production is a complicated and lengthy process. The process begins in the spring and vaccine virus is grown in eggs. The virus is then harvested and killed before manufacturing it into vaccine. Production can take from 6 – 9 months. Options to speed up the production of influenza vaccine are currently being evaluated by the US government.

IF I AM A REGULAR, HEALTHY INDIVIDUAL, WHY SHOULD I GET A FLU SHOT?

The influenza virus changes a little bit each year so that no one is 100 % immune from it. Influenza may cause illness that lasts up to 10 days. Although the vaccine is recommended highly for persons with high risk of complications to flu, the vaccine works best in healthy individuals. Having more healthy individuals vaccinated against influenza decreases the likelihood of high-risk folks exposed to flu.

I AM AFRAID OF NEEDLES, IS THERE A VACCINE THAT DOES NOT INVOLVE A SHOT?

Flumist is a newer flu vaccine that came out about 3 years ago. It is sprayed into the nose, one nostril at a time. It is approved for use in healthy persons ages 5 – 49. Since it is a live, weakened virus, it is not recommended for use in patients who are immune compromised or their contacts.

ARE THERE ANY MEDICATIONS TO COMBAT THE FLU?

There are four antiviral agents approved for use in the United States: Amantadine, Rimantadine, Oseltamivir and Zanamivir. They are usually prescribed by physicians for persons at high risk of complications from influenza. The older antivirals, Amantadine and Rimantadine, are approved for use for treatment as well as prevention after exposure to influenza A. The newer antivirals, Oseltamivir (Tamiflu) and Zanamivir can be used to treat Influenza A and B. In addition, Tamiflu can also be used to prevent influenza if taken early after exposure.

PANDEMIC INFLUENZA:

WHAT IS PANDEMIC INFLUENZA?

Pandemic influenza is a worldwide outbreak of disease from a new (new to humans) influenza A virus that is unlike past influenza viruses. Because people have not been infected with a similar virus in the past, most or all people will not have any natural immunity (protection) to a new pandemic virus.

HOW IS A PANDEMIC INFLUENZA DIFFERENT FROM REGULAR FLU?

A pandemic flu strain is an influenza virus that is new to humans. Because this is different from the typical strains of flu, humans would have no or little natural resistance to a new strain of influenza. Also, there is a vaccine for seasonal flu, which is prepared each season against new variations of the seasonal influenza. There is no vaccine available at this time for a pandemic flu, and it takes at least six months after a pandemic flu appears to develop a vaccine.

WHY ARE PANDEMIC STRAINS SO SEVERE?

Because most or all people would not have immunity to a new pandemic virus, large numbers of persons around the world can be infected. If the pandemic virus causes severe disease, many people may develop serious illnesses and some may die.

Once a pandemic virus develops, it can spread rapidly causing outbreaks around the world. The U.S. Centers for Disease Control and Prevention (CDC) predicts that as much as 25% to 30% of the US population could be affected.

CAN WE PREVENT A PANDEMIC?

It is not possible to prevent or stop a pandemic once it begins. However, it is possible to slow the spread of the disease when it first becomes recognized. A person infected with influenza virus can be contagious for 24 hours before the beginning of symptoms, and for seven days after, making it extremely easy for the virus to spread rapidly to large numbers of people.

No country in the world has enough antiviral drugs to protect all their citizens. Anti-viral drugs can be used to treat severe cases as long as there was a reasonable chance that the drugs might help save lives. Antiviral drugs might also be prioritized for people who work in essential occupations, such as health care workers.

Other strategies for slowing the spread of a severe influenza outbreak could include temporarily closing schools, sports arenas, theaters, restaurants, taverns, and other public gathering places and facilities.

There currently is no vaccine to protect humans against a pandemic influenza virus because the pandemic virus has not yet fully developed. However, vaccine development efforts are under way to protect humans against a pandemic influenza virus that might develop from the current bird flu virus in Asia. (See information on bird flu below).

WHEN WILL WE SEE THE PANDEMIC?

Influenza pandemics occur naturally. There were 3 recognized pandemics in the 20th century. The pandemic of 1918-19 was the most severe pandemic on record, in which 50 million or more persons around the world died, including approximately 650,000 Americans.

It is not possible to predict accurately when influenza pandemics will occur or how severe they will be. However, the current outbreak of avian influenza in Asia has influenza experts concerned that a pandemic strain is developing.

HOW IS PANDEMIC INFLUENZA SPREAD?

Pandemic influenza would be spread from person to person primarily through "respiratory secretions," the same way seasonal influenza viruses and other common respiratory infections spread. Respiratory secretions are virus-containing droplets (such as spit or mucous) that are spread when infected persons cough or sneeze. These droplets can then land on the surfaces of the mouth, nose, and throat of persons who are near (i.e., within 3 feet) the ill person. The virus may also be spread through contact with the infectious respiratory secretions on the hands of an infected person and other objects and surfaces.

Adults can spread influenza virus one day before symptoms appear and up to five days after the onset of illness.

SHOULD I WEAR A MASK FOR PROTECTION DURING A PANDEMIC?

Masks are recommended for use in health care settings by ill persons and healthcare workers to prevent spread of infection. Masks are most useful when worn by the person with symptoms. At this time, masks are not recommended for use by well persons in the community. There is no guarantee that masks would prevent the spread of the infection in the population.

If persons decide to wear masks during a pandemic influenza outbreak, it is likely they will need to wear them any time they are in a public place and when they are around other household members.

[More information on the use of masks](#) from the Centers for Disease Control and Prevention (CDC).

WILL THE REGULAR FLU SHOT PROVIDE PROTECTION AGAINST PANDEMIC FLU?

Probably not. But the regular flu shot will protect you against the influenza viruses that are circulating right now. If for some reason the avian flu H5N1 arrives in the bird population in the US, being protected against seasonal influenza will decrease the likelihood of co-mingling of the Avian and human influenza.

WHAT IS THE BEST WAY TO PROTECT MYSELF FROM PANDEMIC FLU?

The same way you protect yourself from any disease that are spread by droplets. Begin now to practice simple but important habits that reduce the spread of germs:

- Cover your mouth and nose with a tissue when coughing and sneezing. Dispose of tissue in the nearest waste receptacle.
- Wash your hands often with soap and water. The key is to wash thoroughly with warm water, and to wash frequently. When hand washing is not possible, use antiseptic hand gels that contain alcohol.
- Avoid close contact with ill persons and stay home when you are sick.
- Have a good home disaster preparedness plan.
- Stay informed.

WHAT ABOUT HAVING TAMIFLU OR OTHER MEDICATIONS AT HOME?

Tamiflu is a prescription antiviral drug that works against influenza viruses. It is not known if it will be useful against a pandemic influenza virus. Tamiflu is not recommended for persons to keep at home in case of a pandemic.

SINCE THERE WILL NOT BE ENOUGH MEDICATIONS TO GO AROUND, WHO GETS TO USE IT?

Although the federal government is stockpiling medical supplies and antiviral drugs such as Tamiflu, no country in the world has enough Tamiflu to protect all their citizens.

Tamiflu is currently manufactured by one company in Switzerland. Government agencies and the manufacturer of Tamiflu are attempting to find ways to is negotiating with generic drug companies to increase production of the medicine.

It is not known if the new pandemic strain will respond to treatment with Tamiflu. Early in the development of a pandemic, health officials may use Tamiflu to slow down the spread of the disease and allow us more time to make a vaccine.

Public health officials have recommended using available supplies of Tamiflu first to treat persons with severe infections that require hospitalization, and persons that will perform vital functions that the public will need in a pandemic. These groups include healthcare workers and emergency responders.

Tamiflu is approved for use as a prevention but because the drug needs to be taken every day for weeks in order to prevent influenza infections and the supply is limited, Tamiflu is not recommended for this purpose during a pandemic.

AVIAN INFLUENZA (Bird flu):

DO WE HAVE AVIAN INFLUENZA (AI) IN THE US?

We have never had an outbreak of Asian-type H5N1 highly pathogenic avian influenza in the United States, and we do not have any cases now. We had low-pathogenic avian influenza as recently as 2004. The H5N2 outbreak in one flock was designated as highly pathogenic on the basis of a laboratory test, but a more definitive test failed to confirm high pathogenicity. The last confirmed outbreak of H5N2 (not H5N1) highly pathogenic avian influenza in the United States was in Pennsylvania in 1983 and 1984. No known human illness or infections resulted from the outbreak.

WHAT HAPPENS IF THERE IS AN AI AOUTBREAK IN THE US?

The policy of the poultry industry and the government is to eradicate the disease as quickly as possible by destroying any flocks in which the H5 or H7 types of virus are found. The animals are all destroyed and disposed of through environmentally sound methods.

WHY IS IT NECESSARY TO KILLS ALL THE BIRDS IN AN AFFECTED FLOCK?

Like all other living things, viruses continue to change and evolve. It is possible that the viruses that cause mild avian influenza could evolve into a more pathogenic form. This is apparently what happened in Pennsylvania in 1983 and 1984, when a low-pathogenic strain turned into a highly pathogenic strain. Flocks are destroyed to prevent the virus from evolving and spreading.

WHAT IS DONE TO PROTECT PEOPLE IN THE CASE OF AN AI OUTBREAK IN A FLOCK?

The people involved in destroying flocks wear gloves, masks and protective clothing. Anyone who develops respiratory symptoms reports to a doctor to be checked out. People who have no reason to be on a farm involved in the outbreak are kept away.

IS IT SAFE TO EAT CHICKENS, OTHER FOWL AND EGGS?

Yes, eating properly cooked poultry, as well as eggs, is safe. The U.S. government has banned imported poultry from countries affected by bird flu. At the present time, H5N1 avian flu is not present in the U.S.

For protection against many types of food borne diseases, such as Salmonella, all poultry should be cooked to 165° F or hotter. Cooking also destroys flu viruses. For more information on safe food preparations, visit Public Health's web site at www.metrokc.gov/health/foodsfty/foodtemps

WHY IS THE "BIRD FLU" IN ASIA SUCH A BIG DEAL?

New human influenza viruses arise from bird influenza viruses that then change to a form that can infect humans and spread easily from person to person. The current bird flu outbreak in Asia is caused by a type

of influenza A virus in birds called “H5N1.” The H5N1 avian influenza outbreak among domestic chickens and ducks in Asia is widespread and uncontrolled. Human infections and deaths due to the avian H5N1 virus have occurred, although the virus has at this time not developed the ability to pass easily from person to person and cause outbreaks in humans.

WHAT WILL MY SYMPTOMS BE IF I HAVE “BIRD FLU”?

The reported symptoms of bird flu in humans have ranged from typical influenza-like symptoms (e.g., fever, cough, sore throat, and muscle aches) to eye infections (conjunctivitis), pneumonia, acute respiratory distress, viral pneumonia, and other severe and life-threatening complications.

IF I THINK I HAVE THE FLU, SHOULD I BE TESTED FOR BIRD FLU?

Only if you have a recently returned from travel to an area where bird flu is present. Depending on your symptoms, dates of travel, and activities, additional testing might be recommended. Let your healthcare provider know about your travel history and if you had contact with poultry or bird markets.

WE SEE A LOT OF DUCKS AND GEESE IN THE PARKS, ARE WE AT RISK?

It is not a good idea to feed wandering geese and ducks or having them in contact with your household chickens or fowl. Avian influenza is present in the droppings of migratory birds, along with hundreds of other disease causing germs. It is always a good idea to wash your hands with soap and water after playing at a park, and before eating.

I LIVE NEAR A CHICKEN FARM OR HAVE FARMERS SPREADING CHICKEN MANURE NEXT DOOR, AM I SAFE?

This does not present a risk. At the present time, the H5N1 strain of bird flu that has spread through poultry farms in southeast Asia and into eastern Europe is not present in the U.S. Transmission from birds to people require close contact with birds, such as handling, butchering or exposure to a lot of bird droppings. Animals that die of diseases have to be disposed of properly.

I HAVE A BIRD FEEDER AND A BIRD BATH IN MY YARD. IS THAT SAFE?

Maintaining a clean bird feeder or birdbath is generally safe, unless these are attracting rodents or raccoons. It is always best to wear protective gloves when handling or cleaning these items to avoid contact with bird droppings or contaminated water in a birdbath. Always wash your hands with soap and water after doing these chores.

IS AVIAN FLU A RISK FOR PET BIRDS KEPT INDOORS?

The likelihood of getting a pet bird that is already infected with avian flu is very low. It is illegal in the U.S. to import pet birds from regions that are infected with bird flu. In addition, if you're concerned and already own a pet bird, keep it inside to avoid exposure to wild or migratory birds.

If you are buying a new bird, especially of an exotic variety, be sure it has been legally imported. Smuggled birds from affected areas could possibly be infected with the bird flu virus. Information about federal embargoes on bird importation can be found at www.cdc.gov/flu/avian/outbreaks/embargo.htm

CAN MY OTHER PETS GET BIRD FLU?

There is no evidence that bird flu is a risk to dogs. There is evidence from the Asian outbreak that the bird flu virus might affect cats fed raw poultry, but there is currently no cause for concern because the virus is not present in the U.S.

WHO'S MONITORING FOR BIRD FLU IN THE POULTRY INDUSTRY?

The Washington State Department of Agriculture (WSDA) currently has two programs designed to monitor for bird flu. They are testing samples of fresh eggs grown in the state for antibodies to the virus. They also have a program in conjunction with the Washington Animal Disease Diagnostic Laboratory that tests domestic poultry for bird flu virus. Persons owning poultry that died of an unknown cause can inquire about bird flu testing by calling the WSDA at 360-902-1881 or 360-902-1878.

WHO'S MONITORING FOR BIRD FLU IN WILD BIRDS?

Several agencies are conducting surveillance for bird flu among wild birds, especially migratory waterfowl. Surveillance is being strengthened in certain parts of the country such as Alaska because it is believed that migratory birds like ducks and geese could carry bird flu there from Asia and Russia.

A fact sheet about the ecology of bird flu (avian influenza) viruses in wild bird populations can be found at the National Wildlife Health Center's website at:

www.nwhc.usgs.gov/research/avian_influenza/FAQ_avian_influenza.html

WHAT DO I DO IF I FIND A DEAD BIRD?

You may dispose of the dead bird by double bagging in plastic bags and discarding in your household garbage. Use gloves or a shovel to avoid touching the bird or any other dead animal with your bare hands.

I HAVE A SMALL FLOCK OF CHICKENS IN MY BACKYARD. ARE THERE ANY SPECIAL PRECAUTIONS I SHOULD TAKE TO KEEP THEM FROM GETTING BIRD FLU?

You should practice good sanitation and preventive measures, such as reducing exposure to wild birds, to guard against a variety of diseases. Excellent information on "backyard biosecurity for the birds" is available www.aphis.usda.gov/vs/birdbiosecurity/hpai.html

If birds in your flock die unexpectedly, you can report this to the Washington State Department of Agriculture at 360-902-1881 or 360-902-1878; testing for bird flu may be recommended as part of the state's monitoring program.

HOW DO WE PROPERLY DISPOSE OF DEAD BACKYARD CHICKENS?

The preferred method of disposal for animal mortality in small backyard farming operations is by composting. Guidelines have been developed by the WA Department of Ecology to help the small farmer comply with the animal disposal laws. <http://www.ecy.wa.gov/pubs/0507034.doc>